HRSD
Cleaning wastewater every day for a better Bay.

April 11, 2016

RECEIVED PRO
APR 12 2016

Mr. Adam Eller
Environmental Specialist II
Department of Environmental Quality Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060

Re: VPDES Permit No. VA0061646, Town of Surry Wastewater Treatment Facility, Reissuance Application

Dear Mr. Eller:

Enclosed is the completed and signed application for the VPDES permit reissuance for the Town of Surry Wastewater Treatment Facility. An electronic copy of these documents will be emailed to you at adam.eller@deq.virginia.gov. This permit package includes information for the existing facility, and incorporated approved upgrades to the plant. Per the Reissuance Reminder letter, I have enclosed the following:

- EPA Form 1
- EPA Form 2A
- DEQ Sewage Sludge Permit Application
- VPDES Permit Application Addendum
- VPDES Public Notice Billing Information Form
- Attachment A - Water Quality Criteria Monitoring Form (enclosed)

Should you have any questions or require any additional information, please do not hesitate to contact Lauren Grimmer at 757-460-4245 or lgrimmer@hrsd.com.

Sincerely,

Jamie S. Heisig-Mitchell
Chief of Technical Services Division

Enclosures

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F			D
1 2	13	14	15

LABEL ITEMS

- I. EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING ADDRESS
- VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	X (16)	(17)	X (18)	B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)	(19)	X (20)	(21)
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	(22)	X (23)	(24)	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	(25)	X (26)	(27)
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	(28)	X (29)	(30)	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	(31)	X (32)	(33)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	(34)	X (35)	(36)	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	(37)	X (38)	(39)
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	(40)	X (41)	(42)	J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)	(43)	X (44)	(45)

III. NAME OF FACILITY

C			
1	SKIP	TOWN OF SURRY WASTEWATER TREATMENT PLANT	
15	16 – 29	30	69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*		B. PHONE *(area code & no.)*			
C 2	GWALTNEY, WILL, JR		(757) 294-3021		
15 16	45	46 48	49 51	52-	55

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C	
3	11463 ROLFE HIGHWAY
15 16	45

B. CITY OR TOWN		C. STATE	D. ZIP CODE
C 4	SURRY	VA	23883
15 16	40	41 42	47 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C	
5	11463 ROLFE HIGHWAY
15 16	45

B. COUNTY NAME

46	70

C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*	
C 6	SURRY	VA	23883	090	
15 16	40	41 42	47 51	52 -54	

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
C 7 (specify)	C 7 (specify)
C. THIRD	D. FOURTH
C 7 (specify)	C 7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: C 8 R. P. FINCH

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☑ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P (specify)

D. PHONE *(area code & no.)*: C A (757) 566-4858

E. STREET OR P.O. BOX: PO BOX 340

F. CITY OR TOWN: C B TOANO

G. STATE: VA

H. ZIP CODE: 23168

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
C T I 9 N VA0061646	C T I 9 P
B. UIC *(Underground Injection of Fluids)*	E. OTHER *(specify)*
C T I 9 U	C T I 9 (specify)
C. RCRA *(Hazardous Wastes)*	E. OTHER *(specify)*
C T I 9 R	C T I 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

The existing wastewater treatment plant is rated for an average flow rate of 60,000 gpd and consists of a bar screen, flow splitter box, clarigester, two Rotating Biological Contactors (RBC), two final clarifiers, sludge return pump station, digested sludge pump station, a plant pump station, two microscreen filters, a lab building, sludge drying beds and an UltraViolet disinfection system. The Town is under a consent order to upgrade the wastewater treatment plant to achieve consistent compliance with all permit effluent limits. A project approved on June 1, 2015 includes upgrading the existing wastewater treatment plant with a sequencing batch reactor (SBR) and tertiary filtration that is rated for 99,000 gpd. This system includes a new microscreen/auger at the headworks, flow equalization, an SBR basin, post equalization, a sludge digester, and tertiary filtration. The existing UV disinfection system will remain.

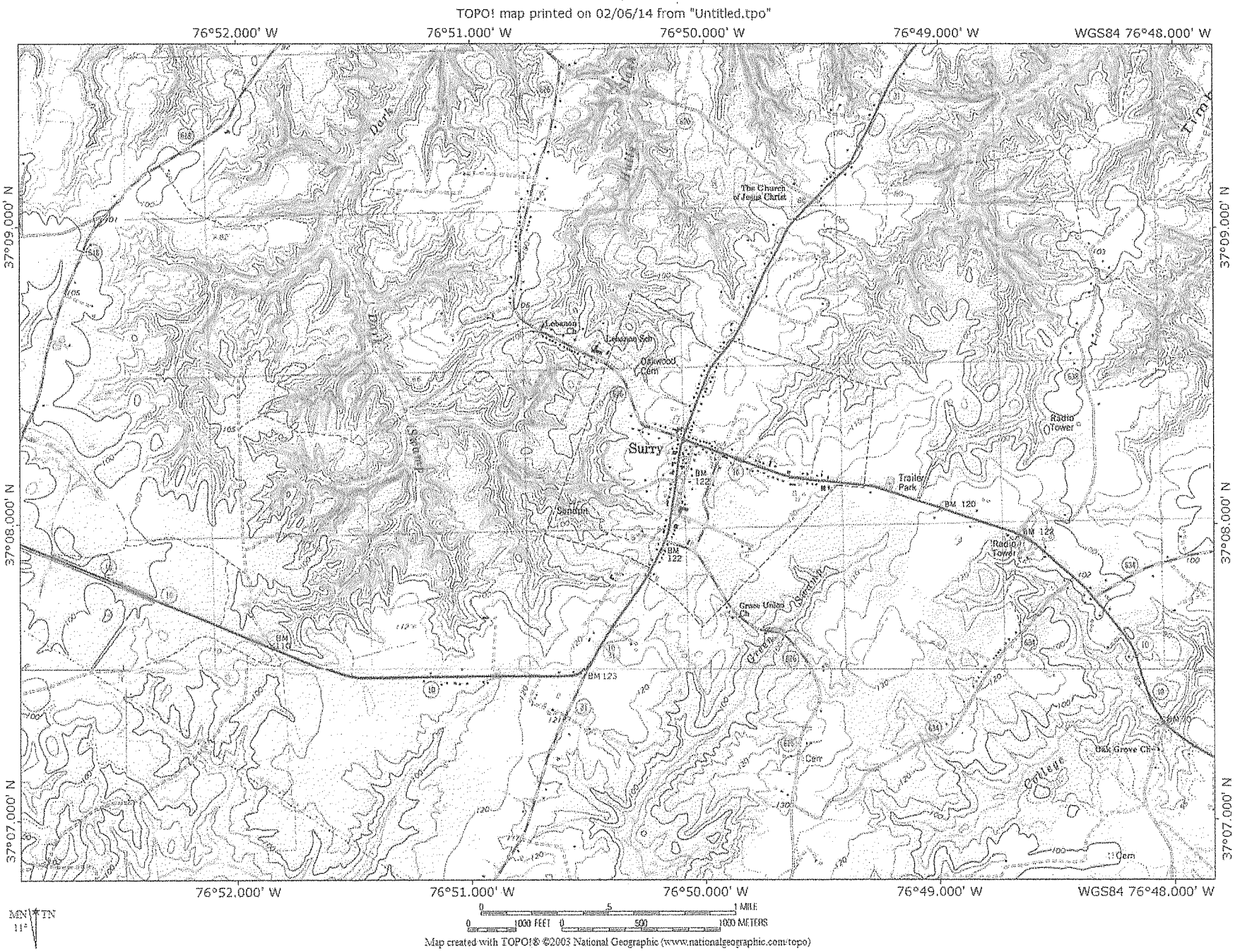
XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Will Gwaltney, Jr., Mayor, Town of Surry	Will M. Gwaltney	4/12/16

COMMENTS FOR OFFICIAL USE ONLY

C



FACILITY NAME AND PERMIT NUMBER:
Town of Surry WWTF VA0061646

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Town of Surry Wastewater Treatment Facility

Mailing Address: 11463 Rolfe Highway.
Surry, VA 23883

Contact person: Will Gwaltney, Jr.

Title: Mayor, Town of Surry

Telephone number: (757) 294-3021

Facility Address (not P.O. Box): 11463 Rolfe Highway.
Surry, VA 23883

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name:

Mailing Address:

Contact person:

Title:

Telephone number:

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner ____ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

____ facility ✓ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0061646 PSD ____

UIC ____ Other ____

RCRA ____ Other ____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Town of Surry	8,120	Separate	Municipal

Total population served 8,120

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.060 / 0.099 mgd Flows from March - February, annually

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.061	0.059	0.145	mgd
c. Maximum daily flow rate	0.205	0.128	0.197	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method continuous or intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 001

b. Location:
Town of Surry (City or town, if applicable) — 23883 (Zip Code)
Surry (County) — VA (State)
37 08' 5" (Latitude) — 76 50' 36" (Longitude)

c. Distance from shore (if applicable): N/A ft.

d. Depth below surface (if applicable): N/A ft.

e. Average daily flow rate: 0.060 / 0.099 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ____ Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: ____

Average duration of each discharge: ____

Average flow per discharge: ____ mgd

Months in which discharge occurs: ____

g. Is outfall equipped with a diffuser? ____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water: Dark Swamp, Unnamed Tributary

b. Name of watershed (if known): ____

United States Soil Conservation Service 14-digit watershed code (if known): ____

c. Name of State Management/River Basin (if known): ____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): ____

d. Critical low flow of receiving stream (if applicable):
acute NA cfs chronic NA cfs

e. Total hardness of receiving stream at critical low flow (if applicable): NA mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:
Town of Surry WWTF VA0061646

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

✓ Primary ✓ Secondary

✓ Advanced _____ Other. Describe: A.11 description for 0.099MGD facility; upgrade pending

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	95.8	%
Design SS removal	95.8	%
Design P removal	87.5	%
Design N removal	92.5	%
Other _____	_____	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Ultraviolet Disinfection

If disinfection is by chlorination, is dechlorination used for this outfall? _____ Yes _____ No

d. Does the treatment plant have post aeration? _____ Yes ✓ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001 Data from Jan 1, 2015 through Feb 29, 2016

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.6	s.u.			
pH (Maximum)	7.8	s.u.			
Flow Rate	0.197	MGD	0.135	MGD	CONTINUOUS
Temperature (Winter)	20.5	Celsius	14.1	Celsius	180
Temperature (Summer)	23.7	Celsius	21.9	Celsius	122

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5							
DEMAND (Report one)	CBOD-5	52	mg/L	6	mg/L	60	SM5210B	2 mg/L
~~FECAL COLIFORM~~	E. Coli	1474	#/100 ml	256	#/100 ml	120	Colilert	1
TOTAL SUSPENDED SOLIDS (TSS)		13.0	mg/L	6.74	mg/L	14	SM2540D	1.0 mg/L

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

_____

_____

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ____No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number:_____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
Town of Surry WWTF VA0061646

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Will Gwaltney, Jr., Mayor, Town of Surry

Signature: 

Telephone number: (757) 294-3021

Date signed: 4/12/16

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:
Town of Surry WWTF VA0061646

Not Applicable

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

FACILITY NAME AND PERMIT NUMBER:
Town of Surry WWTF VA0061646

Not Applicable

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

FACILITY NAME AND PERMIT NUMBER:
Town of Surry WWTF VA0061646

Not Applicable

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____chronic ____acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:_____	Test number:_____	Test number:_____
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

____Yes____No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: _____

Mailing Address: _____

_____

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

_____

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ____Yes ____No

b. Categorical pretreatment standards ____Yes ____No

If subject to categorical pretreatment standards, which category and subcategory?

_____

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes____No If yes, describe each episode.

_____

_____

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ___No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ____No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

_____

_____

_____

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

_____

_____

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

_____

_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

_____

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number _____

b. Location

_____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

____Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system:_____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

FACILITY NAME: Town of Surry WWTF VPDES PERMIT NUMBER: VA0061646

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? _X_ Yes __No

   Will this facility derive a material from sewage sludge? __Yes _X_ No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? __Yes _X_ No

   Will sewage sludge from this facility be applied to the land? __Yes _X_ No

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   __Yes __No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __Yes __No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? __Yes __No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __Yes _X_ No

   If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: Town of Surry WWTF
   b. Contact person: Will Gwaltney, Jr.
      Title: Mayor, Town of Surry
      Phone: (757) 294-3021
   c. Mailing address:
      Street or P.O. Box: 11463 Rolfe Highway
      City or Town: Surry State: VA Zip: 23883
   d. Facility location:
      Street or Route #: 11463 Rolfe Highway
      County:
      City or Town: Surry State: VA Zip: 23883
   e. Is this facility a Class I sludge management facility? ___Yes _X_No
   f. Facility design flow rate: 0.060 / 0.099 mgd
   g. Total population served: 8,120
   h. Indicate the type of facility:
      _X_ Publicly owned treatment works (POTW)
      ___ Privately owned treatment works
      ___ Federally owned treatment works
      ___ Blending or treatment operation
      ___ Surface disposal site
      ___ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name:
   b. Mailing address:
      Street or P.O. Box:
      City or Town: _____ State: _____ Zip:
   c. Contact person:
      Title:
      Phone: ( )
   d. Is the applicant the owner or operator (or both) of this facility?
      _____owner _____ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      _____ facility _____ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA0061646
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ___Yes _X_No If yes, describe:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. Solids are pumped to aerobic digester and then to drying beds. Dried solids are transported to landfill.

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? __Yes _X_No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name:
Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip:
Phone: ( )
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic	**Not applicable**			
Cadmium	**Solids go to landfill**			
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

__X__Section A (General Information)
__X__Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
____Section C (Land Application of Bulk Sewage Sludge)
____Section D (Surface Disposal)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Will M. Gwaltney Jr., Mayor

Signature Will M Gwaltney Jr Date Signed 4/12/16

Telephone number (757) 294-3021

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
   Total dry metric tons per 365-day period generated at your facility: 9 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary. *Not Applicable*
   a. Facility name:
   b. Contact Person:
      Title:
      Phone ( )
   c. Mailing address:
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:
   d. Facility Address:
      (not P.O. Box)
   e. Total dry metric tons per 365-day period received from this facility:_____ dry metric tons
   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      ___Class A ___Class B _X_Neither or unknown
   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: N/A

   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      ___ Option 1 (Minimum 38 percent reduction in volatile solids)
      ___ Option 2 (Anaerobic process, with bench-scale demonstration)
      ___ Option 3 (Aerobic process, with bench-scale demonstration)
      ___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      ___ Option 5 (Aerobic processes plus raised temperature)
      ___ Option 6 (Raise pH to 12 and retain at 11.5)
      ___ Option 7 (75 percent solids with no unstabilized solids)
      ___ Option 8 (90 percent solids with unstabilized solids)
      _X_ None or unknown
   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: N/A

   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: N/A

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge). **Not Applicable**
   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
   a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
      _____ dry metric tons
   b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
      __Yes __No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.) N/A

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:_____ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending. N/A

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name:

b. Facility contact:
Title:
Phone: ( )

c. Mailing address:
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____ dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
_____	
_____	

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ___Yes ___No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
___Class A ___Class B ___Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ___Yes ___No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
___ Option 1 (Minimum 38 percent reduction in volatile solids)
___ Option 2 (Anaerobic process, with bench-scale demonstration)
___ Option 3 (Aerobic process, with bench-scale demonstration)
___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
___ Option 5 (Aerobic processes plus raised temperature)
___ Option 6 (Raise pH to 12 and retain at 11.5)
___ Option 7 (75 percent solids with no unstabilized solids)
___ Option 8 (90 percent solids with unstabilized solids)
___ None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
___Yes ___No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ___Yes ___No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ___ Yes ___ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.

7. Land Application of Bulk Sewage Sludge. N/A

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:_____dry metric tons

b. Do you identify all land application sites in Section C of this application? ___Yes ___No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? ___Yes ___No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal. N/A

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
___Yes ___No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Site Owner ___Site operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:	Type of Permit:
_____	
_____	

9. Incineration. N/A

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
___Yes ___No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Incinerator Owner ___Incinerator Operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:

Permit Number:	Type of Permit:

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: Atlantic Waverly Landfill

b. Contact person: Jason Williams
Title: Senior District Manager
Phone: (757) 834-8300
Contact is: ___Landfill Owner _X_Landfill Operator

c. Mailing address.
Street or P.O. Box: 3474 Atlantic Lane
City or Town: Waverly State: VA Zip: 23890-3726

d. Landfill location.
Street or Route #: 3474 Atlantic Lane
County:
City or Town: Waverly State: VA Zip: 23890-3726

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
9 dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

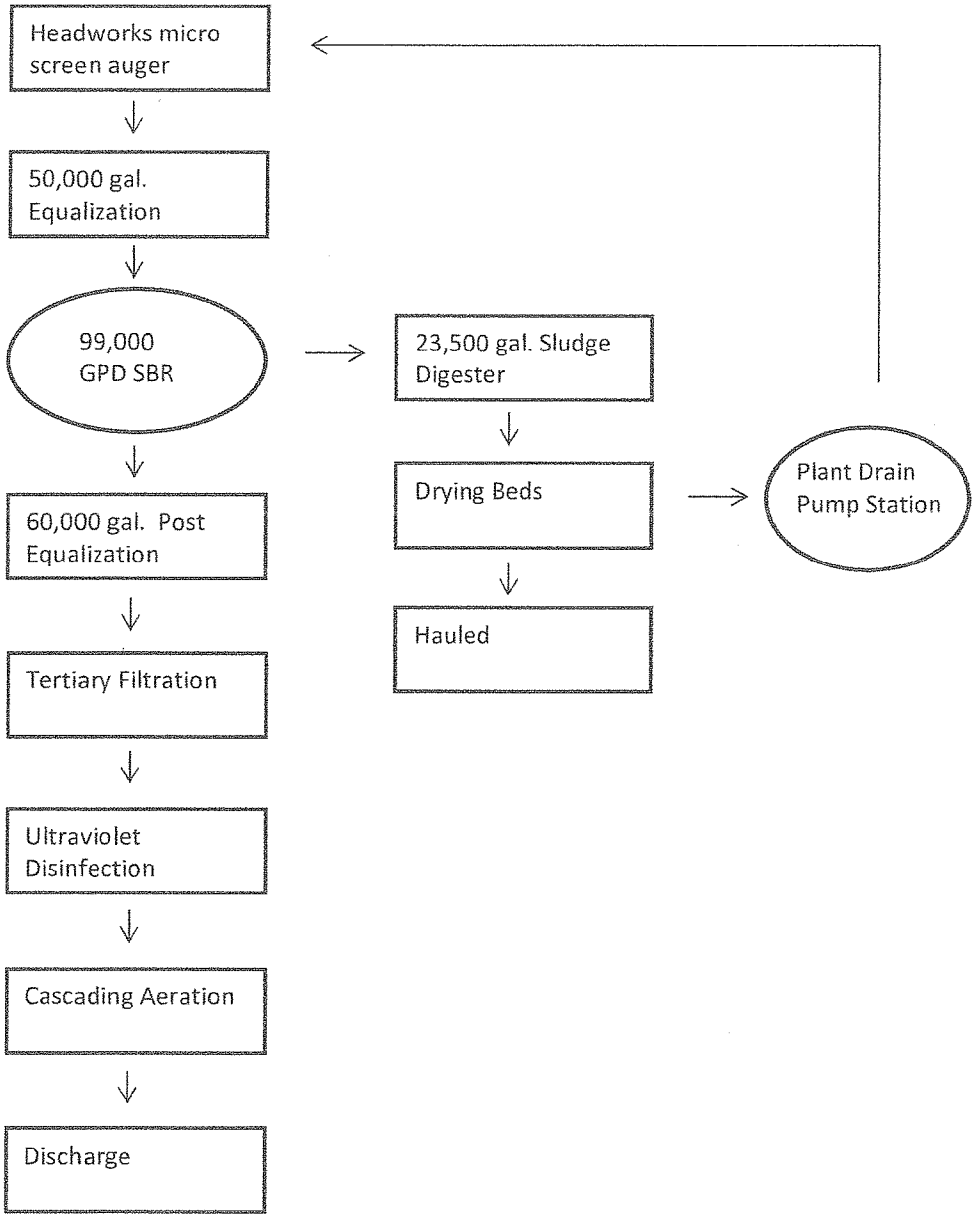
Permit Number:	Type of Permit:
562	Solid Waste Facility Permit

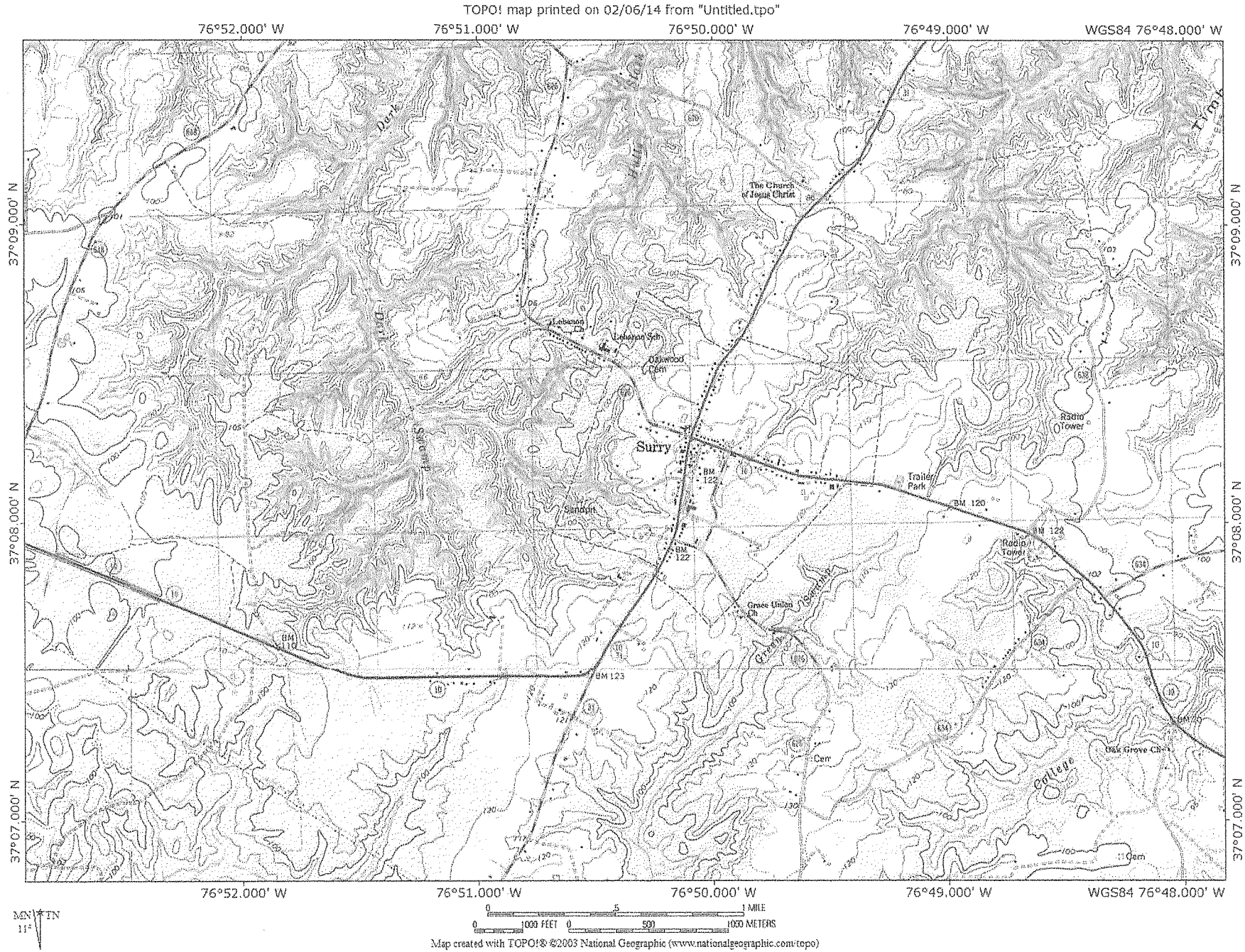
g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
_X_Yes ___No

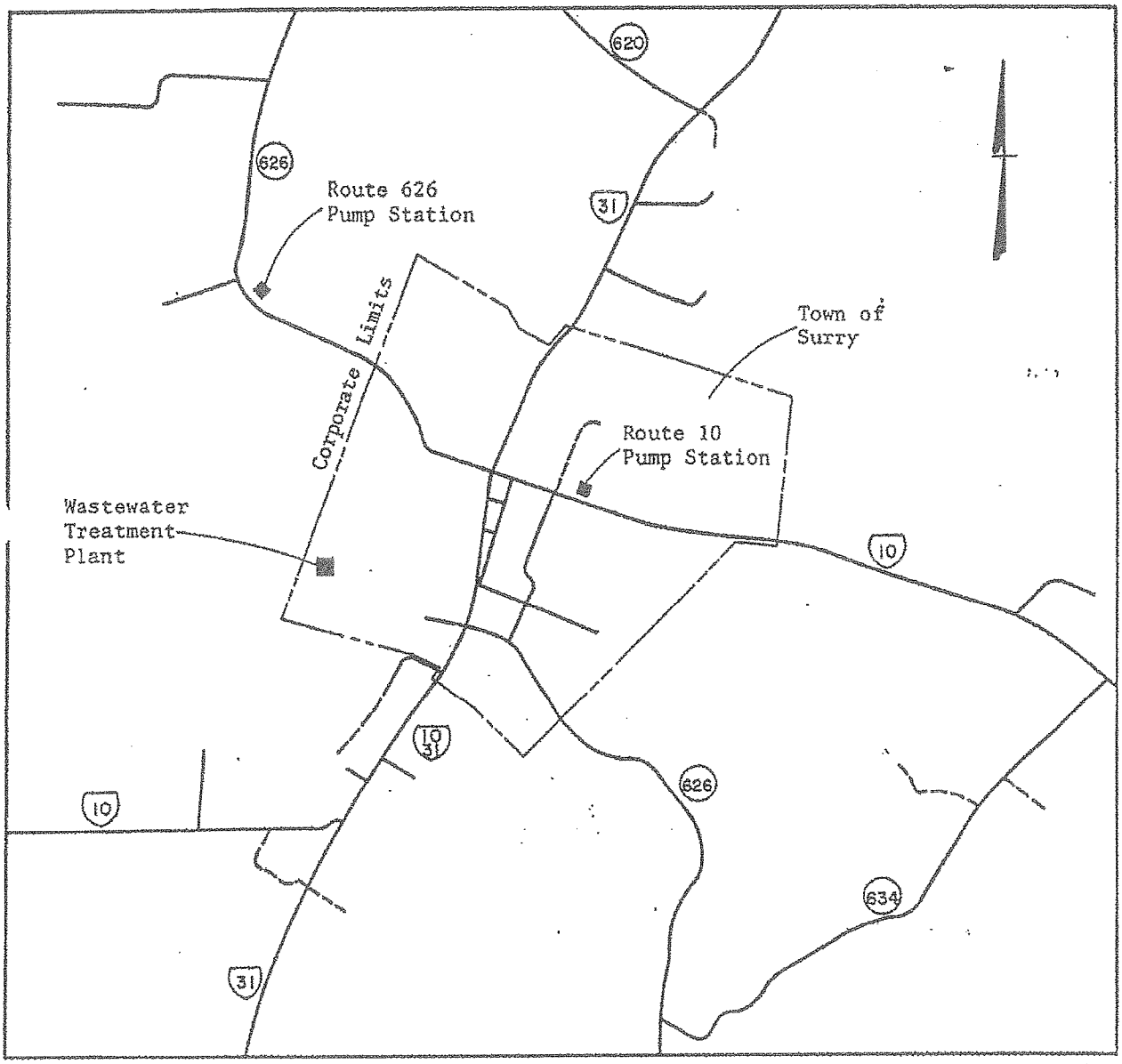
h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? _X_Yes ___No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ___ Yes ___ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. Leave WWTF and take Route 31 south to Route 460 West, proceeding to Route 602 Atlantic Lane. Haul days are Monday through Friday, 7AM-3PM.

Proposed WWTP Line Diagram




TOPO! map printed on 02/06/14 from "Untitled.tpo"
76°52.000' W
76°51.000' W
76°50.000' W
76°49.000' W
WGS84 76°48.000' W
37°09.000' N
37°08.000' N
37°07.000' N
Surry
The Church of Jesus Christ
Lebanon Ch
Lebanon Sch
Oakwood Cem
Radio Tower
Trailer Park
BM 122
BM 120
BM 123
Sandpit
Grace Union Ch
Cem
College
Oak Grove Ch
MN 11°
TN
0 1 MILE
0 1000 FEET 0 500 1000 METERS
Map created with TOPO!® ©2003 National Geographic (www.nationalgeographic.com/topo)



Note: There are no wells or springs within ¼ mile of the Plant.

FIGURE 1-1
LOCATION MAP

SECTION C. LAND APPLICATION OF BULK SEWAGE SLUDGE

NOT APPLICABLE

Complete this section for sewage sludge that is land applied unless any of the following conditions apply:

The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or

The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or

You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).

Complete Section C for every site on which the sewage sludge that you reported in B.7 is land applied.

1. Identification of Land Application Site.
   a. Site name or number:
   b. Site location (Complete i and ii)
      i. Street or Route#:
      County:
      City or Town: _____ State: _____ Zip:
      ii. Latitude:_____ Longitude:
      Method of latitude/longitude determination
      _____ USGS map _____ Filed survey _____ Other
   c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

2. Owner Information.
   a. Are you the owner of this land application site? ___Yes ___No
   b. If no, provide the following information about the owner:
      Name:
      Street or P.O. Box:
      City or Town: _____ State:_____ Zip:
      Phone: ( )

3. Applier Information:
   a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? ___Yes ___No
   b. If no, provide the following information for the person who applies the sewage sludge:
      Name:
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:
      Phone: ( )
   c. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person who applies sewage sludge to this land application site:
      Permit Number: Type of Permit:
      _____
      _____

4. Site Type. Identify the type of land application site from among the following:
   ___Agricultural land ___Reclamation site ___Forest
   ___Public contact site ___Other. Describe

5. Vector Attraction Reduction.
   Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?
   ____Yes ____No If yes, answer a and b.
   a. Indicate which vector attraction reduction option is met:
      ___ Option 9 (Injection below land surface)
      ___ Option 10 (Incorporation into soil within 6 hours)
   b. Describe, on this form or on another sheet of paper, any treatment processes used at the land application site to reduce the vector attraction properties of sewage sludge:

6. Cumulative Loadings and Remaining Allotments.

(Complete Question 6 only if the sewage sludge applied to this site since July 20, 1993 is subject to the cumulative pollutant loading rates (CPLRs) - see instructions.)

a. Have you contacted DEQ or the permitting authority in the state where the sewage sludge subject to the CPLRs will be applied to ascertain whether bulk sewage sludge subject to the CPLRs has been applied to this site since July 20, 1993? ___Yes ___No
If no, sewage sludge subject to the CPLRs may not be applied to this site.
If yes, provide the following information:
Permitting authority:
Contact person:
Phone:( )

b. Based upon this inquiry, has bulk sewage sludge subject to the CPLRs been applied to this site since July 20, 1993? ___Yes ___No If no, skip the rest of Question 6. If yes, answer questions c - e.

c. Site size, in hectares: _____ (one hectare = 2.471 acres)

d. Provide the following information for every facility other than yours that is sending or has sent sewage sludge subject to the CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.
Facility name:
Facility contact:
Title:
Phone: ( )
Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

e. Provide the total loading and allotment remaining, in kg/hectare, for each of the following pollutants:

	Cumulative loading	Allotment remaining
Arsenic	_____	
Cadmium	_____	
Copper	_____	
Lead	_____	
Mercury	_____	
Nickel	_____	
Selenium	_____	
Zinc	_____	

Complete Questions 7-12 below only if you apply sewage sludge, or you are responsible for land application of sewage sludge. Information required by these questions may be prepared as attachments to this form. Skip the following questions if you contract land application to someone else (as indicated under Section A.7) who is responsible for the operation.

7. Sludge Characterization. Use the table below or a separate attachment, provide at least one analysis for each parameter.

PCBs (mg/kg)
pH (S. U.)
Percent Solids (%)
Ammonium Nitrogen (mg/kg)
Nitrate Nitrogen (mg/kg)
Total Kjeldahl Nitrogen (mg/kg)
Total Phosphorus (mg/kg)
Total Potassium (mg/kg)
Alkalinity as $CaCO_3$* (mg/kg)

* Lime treated sludge (10% or more lime by dry weight) should be analyzed for percent $CaCO_3$.

8. Storage Requirements.

Existing and proposed sludge storage facilities must provide an estimated annual sludge balance on a monthly basis incorporating such factors as storage capacity, sludge production and land application schedule. Include pertinent calculations justifying storage requirements.

Proposed sludge storage facilities must also provide the following information:

a. A sludge storage site layout on a 7.5 minute topographic quadrangle or other appropriate scaled map to show the following topographic features of the surrounding landscape to a distance of 0.25 mile. Clearly mark the property line.
   1) Water wells, abandoned or operating
   2) Surface waters
   3) Springs
   4) Public water supply(s)
   5) Sinkholes
   6) Underground and/or surface mines
   7) Mine pool (or other) surface water discharge points
   8) Mining spoil piles and mine dumps
   9) Quarry(s)
   10) Sand and gravel pits
   11) Gas and oil wells
   12) Diversion ditch(s)
   13) Agricultural drainage ditch(s)
   14) Occupied dwellings, including industrial and commercial establishments
   15) Landfills or dumps
   16) Other unlined impoundments
   17) Septic tanks and drainfields
   18) Injection wells
   19) Rock outcrops

b. A topographic map of sufficient detail to clearly show the following information:
   1) Maximum and minimum percent slopes
   2) Depressions on the site that may collect water
   3) Drainageways that may attribute to rainfall run-on to or runoff from this site
   4) Portions of the site (if any) which are located with the 100-year floodplain and how the storage facility will be protected from flooding

c. Data and specifications for the storage facility lining material.

d. Plan and cross-sectional views of the storage facility.

e. Depth from the bottom of the storage facility to the seasonal high water table and separation distance to the permanent water table.

9. Land Area Requirements. Provide calculations justifying the land area requirements for land application of sewage sludge taking into consideration average soil productivity group, crop(s) to be grown and most limiting factor(s) of the sewage sludge, specifically Plant Available Nitrogen (PAN), Calcium Carbonate Equivalence (CCE), and metal loadings (CPLR sewage sludge only), where applicable. Relate PAN, CCE, and metal loadings to demonstrate the most limiting factor for land application.

10. Landowner Agreement Forms. Provide a properly completed **Land Application Agreement – Biosolids** Form and necessary attachments (attached at end of VPDES Sewage Sludge Permit Application Form) for each landowner if sewage sludge is to be applied onto land not owned by the applicant.

11. Ground Water Monitoring.

Are any ground water monitoring data available for this land application site? ___Yes ___No

If yes, submit the ground water monitoring data with this permit application. Also submit a written description of the well locations, approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

12. Land Application Site Information.

(Complete Items a-d for sites receiving infrequent application - land application of sewage sludge up to the agronomic rate at a frequency of once in a 3 year period; complete Items a-h for sites receiving frequent application - land application of sewage sludge in excess of 70% the agronomic rate at a frequency greater than once in a 3 year period)

a. Provide a general location map for each county which clearly indicates the location of all the land application sites.

b. For each land application site provide a site plan of sufficient detail to clearly show the concerned landscape features and associated buffer zones (See instructions). Provide a legend for each landscape feature and the net acreage for each field taking into account the proposed buffer zones.

c. In order to ensure that land application of bulk sewage sludge will not impact federally listed threatened or endangered species or federally designated critical habitat, the applicant must notify the field office of the U. S. Department of the Interior, Fish and Wildlife Service (FWS), by a letter, the proposed land application activities with the identification of the land application sites. The address and phone number of FWS are provided below.

U. S. Fish and Wildlife Service
Virginia Field Office
6669 Short Lane
Gloucester, VA 23061
TEL: (804)693-6694

Provide a copy of the notification letter with this application form.

d. Provide a soil survey map, preferably photographically based, with the field boundaries clearly marked. (A USDA-SCS soil survey map should be provided, if available.)
Provide a detailed legend for each soil survey map which uses accepted USDA-SCS descriptions of the typifying pedon for each soil series (soil type). Complex associations may be described as a range of characteristics. Soil descriptions shall include as a minimum the following information.

1) Soil symbol
2) Soil series, textural phase and slope range
3) Depth to seasonal high water table
4) Depth to bedrock
5) Estimated soil productivity group (for the proposed crop rotation)

Item e - h are required for sites receiving frequent application of sewage sludge

e. In order to verify the information provided in item d, characterize the soil at each land application site. Representative soil borings or test pits to a depth of five feet or to bedrock if shallower, are to be coordinated for the typifying pedon of each soil series (soil type). Soil descriptions shall include as a minimum the following information:

1). Soil symbol
2). Soil series, textural phase and slope range
3). Depth to seasonal high water table
4). Depth to bedrock
5). Estimated soil productivity group (for the proposed crop rotation)

f. Collect and analyze soil samples from each field, weighted to best represent each of the soil borings performed for Item e. Using the table below or a separate attachment, provide at least one analysis per sample for each of the following parameters.

Soil Organic Matter (%)
Soil pH (std. units)
Cation Exchange Capacity (meq/100g)
Total Nitrogen (ppm)
Organic Nitrogen (ppm)
Ammonia Nitrogen (ppm)
Nitrate Nitrogen (ppm)
Available Phosphorus (ppm)
Exchangeable Potassium (mg/100g)
Exchangeable Sodium (mg/100g)
Exchangeable Calcium (mg/100g)
Exchangeable Magnesium (mg/100g)
Arsenic (ppm)
Cadmium (ppm)
Copper (ppm)
Lead (ppm)
Mercury (ppm)
Molybdenum (ppm)
Nickel (ppm)
Selenium (ppm)
Zinc (ppm)
Manganese (ppm)
Particle Size Analysis or
USDA Textural Estimate (%)

g. Relate the crop nutrient needs to anticipated yields, soil productivity rating and the various fertilizer or nutrient sources from sludge and chemical fertilizers. Describe any specialized agronomic management practices which may be required as a result of high soil pH. If the sludge is expected to possess an unusually high CCE or other unusual properties, provide a description of any plant tissue testing, supplemental fertilization or intensive agronomic management practices which may be necessary.

h. Using a narrative format and referencing any related charts, describe the proposed cropping system. Show how the crop rotation and management will be coordinated with the design of the land application system. Include any supplemental fertilization program, soil testing and the coordination of tillage practices, planting and harvesting schedules and timing of land application.

SECTION D. SURFACE DISPOSAL

NOT APPLICABLE

Complete this section only if you own or operate a surface disposal site. Provide the information for each active sewage sludge unit.

1. Information on Active Sewage Sludge Units.
   a. Unit name or number:
   b. Unit location
      i. Street or Route#:
      County:
      City or Town: _____ State: _____ Zip:
      ii. Latitude:_____ Longitude:
      Method of latitude/longitude determination
      _____ USGS map _____ Filed survey _____ Other
   c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.
   d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: _____dry metric tons.
   e. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: _____ dry metric tons.
   f. Does the active sewage sludge unit have a liner with a minimum hydraulic conductivity of 1×10^{-7}cm/sec? ___Yes ___No If yes, describe the liner or attach a description.

   g. Does the active sewage sludge unit have a leachate collection system? ___Yes ___No
   If yes, describe the leachate collection system or attach a description. Also, describe the method used for leachate disposal and provide the numbers of any federal, state or local permits for leachate disposal:

   h. If you answered no to either f or g, answer the following:
   Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? ___Yes ___No If yes, provide the actual distance in meters:
   i. Remaining capacity of active sewage sludge unit, in dry metric tons:_____ dry metric tons
   Anticipated closure date for active sewage sludge unit, if known:_____ (MM/DD/YYYY)
   Provide with this application a copy of any closure plan developed for this active sewage sludge unit.

2. Sewage Sludge from Other Facilities.
   Is sewage sludge sent to this active sewage sludge unit from any facilities other than yours? ___Yes ___No
   If yes, provide the following information for each such facility, attach additional sheets as necessary.
   a. Facility name:
   b. Facility contact:
   Title:
   Phone: ( )
   c. Mailing address.
   Street or P.O. Box:
   City or Town:_____ State:_____ Zip:
   d. List, on this form or an attachment, the facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the facility's sewage sludge management practices:
   Permit Number: Type of Permit:
   _____
   _____
   e. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?
   ___Class A ___Class B ___Neither or unknown
   f. Describe, on this form or on another sheet of paper, any treatment processes used at the other facility to

reduce pathogens in sewage sludge:

g. Which vector attraction reduction option is achieved before sewage sludge leaves the other facility?
___ Option 1 (Minimum 38 percent reduction in volatile solids)
___ Option 2 (Anaerobic process, with bench-scale demonstration)
___ Option 3 (Aerobic process, with bench-scale demonstration)
___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
___ Option 5 (Aerobic processes plus raised temperature)
___ Option 6 (Raise pH to 12 and retain at 11.5)
___ Option 7 (75 percent solids with no unstabilized solids)
___ Option 8 (90 percent solids with unstabilized solids)
___ None or unknown

h. Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce vector attraction properties of sewage sludge:

i. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in e - h above:

3. Vector Attraction Reduction.

a. Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?
___ Option 9 (Injection below land surface)
___ Option 10 (Incorporation into soil within 6 hours)
___ Option 11 (Covering active sewage sludge unit daily)

b. Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge:

4. Ground Water Monitoring.

a. Is ground water monitoring currently conducted at this active sewage sludge unit or are ground water monitoring data otherwise available for this active sewage sludge unit? ___Yes ___No
If yes, provide a copy of available ground water monitoring data. Also provide a written description of the well locations, the approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

b. Has a ground water monitoring program been prepared for this active sewage sludge unit?
___Yes ___No If yes, submit a copy of the ground water monitoring program with this application.

c. Have you obtained a certification from a qualified ground water scientist that the aquifer below the active sewage sludge unit has not been contaminated? ___Yes ___No
If yes, submit a copy of the certification with this application.

5. Site-Specific Limits.

Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?
___Yes ___No If yes, submit information to support the request for site-specific pollutant limits with this application.

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Town of Surry

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☒ No ☐

3. **Provide the tax map parcel number for the land where the discharge is located.** 27A-1-48A

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0.2 acres

5. **What is the design average effluent flow of this facility?** 0.060 / 0.099 MGD
For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒
If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**
75% residential, 25% commercial

75 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 329

25 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

___ Permanent stream, never dry
X Intermittent stream, usually flowing, sometimes dry
___ Ephemeral stream, wet-weather flow, often dry
___ Effluent-dependent stream, usually or always dry without effluent flow
___ Lake or pond at or below the discharge point
___ Other:

9. **Approval Date(s):**
O & M Manual 7/31/1986 **Sludge/Solids Management Plan** N/A

Have there been any changes in your operations or procedures since the above approval dates? Yes ☒ No ☐
UV Disinfection system

10. **Privately Owned Treatment Works**

If this application is for a privately owned treatment works serving, or designed to serve, 50 or more residences, you must include with your application notification from the State Corporation Commission that you are incorporated in the Commonwealth and verification from the SCC that you are in compliance with all regulations and relevant orders of the State Corporation Commission. Incorporated also includes Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority.

11. **Consent to receive electronic mail**

The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

☐ Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

If yes, provide email: _____

☒ Applicant or permittee declines to receive by electronic mail the permit that may be issued for the proposed pollutant management activity.

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Sussex-Surry Dispatch in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Will Gwaltney, Jr., Mayor, Town of Surry

Owner: Will Gwaltney, Jr., Mayor, Town of Surry

Agent/Department Address: 11463 Rolfe Highway

Surry, VA 23883

Agent's Telephone No.: (757) 294-3021

Printed Name: Will Gwaltney, Jr.

Authorizing Agent – Signature: 

Date: 4/12/16

VPDES Permit No. VA0061646
Facility Name: Town of Surry Wastewater Treatment Facility

ATTACHMENT A
DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY CRITERIA MONITORING

Effective January 1, 2012, all analyses shall be in accordance with 1VAC30-45, Certification for Noncommercial Environmental Laboratories, or 1VAC30-46, Accreditation for Commercial Environmental Laboratories.

A listing of Virginia Environmental Laboratory Accreditation Program (VELAP) certified and/or accredited laboratories can be found at the following website:
http://www.dgs.state.va.us/DivisionofConsolidatedLaboratoryServices/Services/EnvironmentalLaboratoryCertification/tabid/1059/Default.aspx

Please be advised that additional water quality analyses may be necessary and/or required for permitting purposes.

CASRN	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
METALS						
7440-36-0	Antimony, dissolved	(3)	1.4	<1.00	G or C	1/5 YR
7440-38-2	Arsenic, dissolved	(3)	1.0	<1.00	G or C	1/5 YR
7440-43-9	Cadmium, dissolved	(3)	0.3	<0.05	G or C	1/5 YR
16065-83-1	Chromium III, dissolved [6]	(3)	3.6	<1.00	G or C	1/5 YR
18540-29-9	Chromium VI, dissolved [6]	(3)	1.6	<1.00	G or C	1/5 YR
7440-50-8	Copper, dissolved	(3)	0.50	1.92	G or C	1/5 YR
7439-92-1	Lead, dissolved	(3)	0.50	0.26	G or C	1/5 YR
7439-97-6	Mercury, dissolved	(3)	1.0	<0.10	G or C	1/5 YR
7440-02-0	Nickel, dissolved	(3)	0.94	1.27	G or C	1/5 YR
7782-49-2	Selenium, Total Recoverable	(3)	2.0	<0.50	G or C	1/5 YR
7440-22-4	Silver, dissolved	(3)	0.20	<0.20	G or C	1/5 YR
7440-28-0	Thallium, dissolved	(3)	(4)	<0.50	G or C	1/5 YR
7440-66-6	Zinc, dissolved	(3)	3.6	12.4	G or C	1/5 YR
PESTICIDES/PCBs						
309-00-2	Aldrin	608/625	0.05	<0.05	G or C	1/5 YR
57-74-9	Chlordane	608/625	0.2	<0.20	G or C	1/5 YR
2921-88-2	Chlorpyrifos (synonym = Dursban)	622	(4)	<0.100	G or C	1/5 YR
72-54-8	DDD	608/625	0.1	<0.05	G or C	1/5 YR
72-55-9	DDE	608/625	0.1	<0.05	G or C	1/5 YR
50-29-3	DDT	608/625	0.1	<0.05	G or C	1/5 YR

CASRN	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
8065-48-3	Demeton (synonym = Dementon-O,S)	622	(4)	<0.100	G or C	1/5 YR
333-41-5	Diazinon	622	(4)	<0.100	G or C	1/5 YR
60-57-1	Dieldrin	608/625	0.1	<0.05	G or C	1/5 YR
959-98-8	Alpha-Endosulfan (synonym = Endosulfan I)	608/625	0.1	<0.05	G or C	1/5 YR
33213-65-9	Beta-Endosulfan (synonym = Endosulfan II)	608625	0.1	<0.05	G or C	1/5 YR
1031-07-8	Endosulfan Sulfate	608/625	0.1	<0.05	G or C	1/5 YR
72-20-8	Endrin	608/625	0.1	<0.05	G or C	1/5 YR
7421-93-4	Endrin Aldehyde	608/625	(4)	<0.05	G or C	1/5 YR
86-50-0	Guthion (synonym = Azinphos Methyl)	622	(4)	<0.100	G or C	1/5 YR
76-44-8	Heptachlor	608/625	0.05	<0.05	G or C	1/5 YR
1024-57-3	Heptachlor Epoxide	608/625	(4)	<0.05	G or C	1/5 YR
319-84-6	Hexachlorocyclohexane Alpha-BHC	608/625	(4)	<0.05	G or C	1/5 YR
319-85-7	Hexachlorocyclohexane Beta-BHC	608/625	(4)	<0.05	G or C	1/5 YR
58-89-9	Hexachlorocyclohexane Gamma-BHC (syn. = Lindane)	608/625	(4)	<0.05	G or C	1/5 YR
143-50-0	Kepone	8081 Extended/ 8270C/8270D	(4)	<0.40	G or C	1/5 YR
121-75-5	Malathion	614	(4)	<1	G or C	1/5 YR
72-43-5	Methoxychlor	608.2	(4)	<0.050	G or C	1/5 YR
2385-85-5	Mirex	8081 Extended/ 8270C/8270D	(4)	<0.05	G or C	1/5 YR
56-38-2	Parathion (synonym = Parathion Ethyl)	614	(4)	<1	G or C	1/5 YR
1336-36-3	PCB, total	608/625	7.0	<7.00	G or C	1/5 YR
8001-35-2	Toxaphene	608/625	5.0	<0.50	G or C	1/5 YR
BASE NEUTRAL EXTRACTABLES						
83-32-9	Acenaphthene	610/625	10.0	<10.0	G or C	1/5 YR
120-12-7	Anthracene	610/625	10.0	<10.0	G or C	1/5 YR
92-87-5	Benzidine	625	(4)	<10.0	G or C	1/5 YR
56-55-3	Benzo (a) anthracene	610/625	10.0	<10.0	G or C	1/5 YR
205-99-2	Benzo (b) fluoranthene	610/625	10.0	<10.0	G or C	1/5 YR
207-08-9	Benzo (k) fluoranthene	610/625	10.0	<10.0	G or C	1/5 YR
50-32-8	Benzo (a) pyrene	610/625	10.0	<10.0	G or C	1/5 YR
111-44-4	Bis 2-Chloroethyl Ether	625	(4)	<10.0	G or C	1/5 YR

CASRN	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
108-60-1	Bis 2-Chloroisopropyl Ether	625	(4)	<10.0	G or C	1/5 YR
117-81-7	Bis 2-Ethylhexyl Phthalate (syn. = Di-2-Ethylhexyl Phthalate)	625	10.0	<10.0	G or C	1/5 YR
85-68-7	Butyl benzyl phthalate	625	10.0	<10.0	G or C	1/5 YR
91-58-7	2-Chloronaphthalene	625	(4)	<10.0	G or C	1/5 YR
218-01-9	Chrysene	610/625	10.0	<10.0	G or C	1/5 YR
53-70-3	Dibenzo (a,h) anthracene	610/625	20.0	<10.0	G or C	1/5 YR
95-50-1	1,2-Dichlorobenzene	602/624	10.0	<10.0	G or C	1/5 YR
541-73-1	1,3-Dichlorobenzene	602/624	10.0	<10.0	G or C	1/5 YR
106-46-7	1,4-Dichlorobenzene	602/624	10.0	<10.0	G or C	1/5 YR
91-94-1	3,3-Dichlorobenzidine	625	(4)	<10.0	G or C	1/5 YR
84-66-2	Diethyl phthalate	625	10.0	<10.0	G or C	1/5 YR
131-11-3	Dimethyl phthalate	625	(4)	<10.0	G or C	1/5 YR
84-74-2	Di-n-butyl Phthalate (synonym = Dibutyl Phthalate)	625	10.0	<10.0	G or C	1/5 YR
121-14-2	2,4-Dinitrotoluene	625	10.0	<10.0	G or C	1/5 YR
122-66-7	1,2-Diphenylhydrazine	625/ 8270C/8270D	(4)	<10.0	G or C	1/5 YR
206-44-0	Fluoranthene	610/625	10.0	<10.0	G or C	1/5 YR
86-73-7	Fluorene	610/625	10.0	<10.0	G or C	1/5 YR
118-74-1	Hexachlorobenzene	625	(4)	<10.0	G or C	1/5 YR
87-68-3	Hexachlorobutadiene	625	(4)	<10.0	G or C	1/5 YR
77-47-4	Hexachlorocyclopentadiene	625	(4)	<10.0	G or C	1/5 YR
67-72-1	Hexachloroethane	625	(4)	<10.0	G or C	1/5 YR
193-39-5	Indeno(1,2,3-cd)pyrene	610/625	20.0	<10.0	G or C	1/5 YR
78-59-1	Isophorone	625	10.0	<10.0	G or C	1/5 YR
98-95-3	Nitrobenzene	625	10.0	<10.0	G or C	1/5 YR
62-75-9	N-Nitrosodimethylamine	625	(4)	<10.0	G or C	1/5 YR
621-64-7	N-Nitrosodi-n-propylamine	625	(4)	<10.0	G or C	1/5 YR
86-30-6	N-Nitrosodiphenylamine	625	(4)	<10.0	G or C	1/5 YR
129-00-0	Pyrene	610/625	10.0	<10.0	G or C	1/5 YR
120-82-1	1,2,4-Trichlorobenzene	625	10.0	<10.0	G or C	1/5 YR
VOLATILES						

CASRN	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
107-02-8	Acrolein	624	(4)	<50.0	G	1/5 YR
107-13-1	Acrylonitrile	624	(4)	<10.0	G	1/5 YR
71-43-2	Benzene	602/624	10.0	<10.0	G	1/5 YR
75-25-2	Bromoform	624	10.0	<10.0	G	1/5 YR
56-23-5	Carbon Tetrachloride	624	10.0	<10.0	G	1/5 YR
108-90-7	Chlorobenzene (synonym = Monochlorobenzene)	602/624	50.0	<10.0	G	1/5 YR
124-48-1	Chlorodibromomethane	624	10.0	<10.0	G	1/5 YR
67-66-3	Chloroform	624	10.0	<10.0	G	1/5 YR
75-27-4	Dichlorobromomethane	624	10.0	<10.0	G	1/5 YR
107-06-2	1,2-Dichloroethane	624	10.0	<10.0	G	1/5 YR
75-35-4	1,1-Dichloroethylene	624	10.0	<10.0	G	1/5 YR
156-60-5	1,2-trans-dichloroethylene	624	(4)	<10.0	G	1/5 YR
78-87-5	1,2-Dichloropropane	624	(4)	<10.0	G	1/5 YR
542-75-6	1,3-Dichloropropene	624	(4)	<20.0	G	1/5 YR
100-41-4	Ethylbenzene	602/624	10.0	<10.0	G	1/5 YR
74-83-9	Methyl Bromide (synonym = Bromomethane)	624	(4)	<10.0	G	1/5 YR
75-09-2	Methylene Chloride (synonym = Dichloromethane)	624	20.0	<10.0	G	1/5 YR
79-34-5	1,1,2,2-Tetrachloroethane	624	(4)	<10.0	G	1/5 YR
127-18-4	Tetrachloroethylene (synonym = Tetrachloroethene)	624	10.0	<10.0	G	1/5 YR
10-88-3	Toluene	602/624	10.0	<10.0	G	1/5 YR
79-00-5	1,1,2-Trichloroethane	624	(4)	<10.0	G	1/5 YR
79-01-6	Trichloroethylene (synonym = Trichloroethene)	624	10.0	<10.0	G	1/5 YR
75-01-4	Vinyl Chloride	624	10.0	<10.0	G	1/5 YR
	ACID EXTRACTABLES					
95-57-8	2-Chlorophenol	625	10.0	<10.0	G or C	1/5 YR
120-83-2	2,4 Dichlorophenol	625	10.0	<10.0	G or C	1/5 YR
105-67-9	2,4 Dimethylphenol	625	10.0	<10.0	G or C	1/5 YR
51-28-5	2,4-Dinitrophenol	625	(4)	<10.0	G or C	1/5 YR
534-52-1	2-Methyl-4,6-Dinitrophenol	625	(4)	<10.0	G or C	1/5 YR
25154-52-3	Nonylphenol	ASTM D 7065-06	(4)	<10.0	G or C	1/5 YR

CASRN	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
87-86-5	Pentachlorophenol	625	50.0	<10.0	G or C	1/5 YR
108-95-2	Phenol	625	10.0	<10.0	G or C	1/5 YR
88-06-2	2,4,6-Trichlorophenol	625	10.0	<10.0	G or C	1/5 YR
MISCELLANEOUS						
776-41-7	Ammonia as NH3-N	Lachat 10-107-06-1-C	200	0.62	C	1/5 YR
16887-00-6	Chloride	(3)	(4)	42.5	C	1/5 YR
7782-50-5	Chlorine, Total Residual	(3)	100	NA / UV	G	1/5 YR
57-12-5	Cyanide, Free [8]	ASTM 4282-02	10.0	<10	G	1/5 YR
N/A	*E. coli* / *Enterococcus* (N/CML)	(3)	(4)	12	G	1/5 YR
18496-25-8	Sulfide, dissolved [7]	ASTM D4658-09	100	<0.10	G or C	1/5 YR
60-10-5	Tributyltin	(5)	(4)	ND	G or C	1/5 YR
471-34-1	Hardness (mg/L as $CaCO_3$)	(3)	(4)	40.6	G or C	1/5 YR

Will M Gwaltney Mayor 4/12/16

Name of Principal Executive Officer or Authorized Agent & Title

Will M. Gwaltney Jr. Mayor 4/12/16

Signature of Principal Executive Officer or Authorized Agent & Date

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. Sec. 1001 and 33 U.S.C. Sec. 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

FOOTNOTES:

(1) Quantification level (QL) means the minimum levels, concentrations, or quantities of a target variable (e.g. target analyte) that can be reported with a specified degree of confidence in accordance with 1VAC30-45, Certification for Noncommercial Environmental Laboratories, or 1VAC30-46, Accreditation for Commercial Environmental Laboratories.

The quantification levels indicated for the metals are actually Specific Target Values developed for this permit. The Specific Target Value is the approximate value that may initiate a wasteload allocation analysis. Target values are not wasteload allocations or effluent limitations. The Specific Target Values are subject to change based on additional information such as hardness data, receiving stream flow, and design flows.

Units for the quantification level are micrograms/liter unless otherwise specified.

Quality control and quality assurance information (i.e. laboratory certificates of analysis) shall be submitted to document that the required quantification level has been attained.

(2) Sample Type

G = Grab = An individual sample collected in less than 15 minutes. Substances specified with "grab" sample type shall only be collected as grabs. The permittee may analyze multiple grabs and report the average results provided that the individual grab results are also reported. For grab metals samples, the individual samples shall be filtered and preserved immediately upon collection.

C = Composite = A 4-hour composite unless otherwise specified. The composite shall be a combination of individual samples, taken proportional to flow, obtained at hourly or smaller time intervals. The individual samples may be of equal volume for flows that do not vary by +/- 10 percent over a 24-hour period.

(3) A specific analytical method is not specified; however, an appropriate method to meet the QL shall be selected from any approved method presented in 40 CFR Part 136.

(4) The QL is at the discretion of the permittee. If the test result is less than the method QL, a "<[QL]" shall be reported where the actual analytical test QL is substituted for [QL].

(5) Analytical Methods: Analysis of Butyltins in Environmental Systems by the Virginia Institute of Marine Science, dated November 1996 (currently the only Virginia Environmental Laboratory Accreditation Program (VELAP) accredited method).

(6) Both Chromium III and Chromium VI may be measured by the total chromium analysis. The total chromium analytical test QL shall be less than or equal to the lesser of the Chromium III or Chromium VI method QL listed above. If the result of the total chromium analysis is less than the analytical test QL, both Chromium III and Chromium VI can be reported as "<[QL]", where the actual analytical test QL is substituted for [QL].

(7) Dissolved sulfide may be measured by the total sulfide analysis. The total sulfide analytical test QL shall be less than or equal to the dissolved sulfide method QL listed above. If the result of the total sulfide analysis is less than the analytical test QL, dissolved sulfide can be reported as "<[QL]", where the actual analytical test QL is substituted for [QL].

(8) Free cyanide may be measured by the total cyanide analysis. The total cyanide analytical test QL shall be less than or equal to the free cyanide method QL listed above. If the result of the total cyanide analysis is less than the analytical test QL, free cyanide can be reported as "<[QL]", where the actual analytical test QL is substituted for [QL].

CENTRAL ENVIRONMENTAL LABORATORY ANALYTICAL REPORT

VA Laboratory ID 460011

HRSD

Job ID: HRSD_PA-021816-284

Report Serial No.: 2016-659

Sample ID: SR_T_FB-C-030116-1
Sample Date: 3/1/2016
Customer Sample ID: Town of Surry Field Blank
Sample ID: 510737
Sample Sub-Type: FB

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
Chromium, Total	EPA 200.8, Rev. 5.4	7440-47-3	ug/l	<1.00		1.00	KWILLIAMS	03/08/16	14:25
Selenium, Total	EPA 200.8, Rev. 5.4	7782-49-2	ug/l	<0.50		0.50	KWILLIAMS	03/10/16	11:45
Mercury, Dissolved	EPA 245.1	92786-62-4	ug/l	<0.10		0.10	BSTAPLES	03/04/16	09:10
Antimony, Dissolved	EPA 200.8, Rev. 5.4	7440-36-0	ug/l	<1.00		1.00	KWILLIAMS	03/08/16	14:20
Arsenic, Dissolved	EPA 200.8, Rev. 5.4	7440-38-2	ug/l	<1.00		1.00	KWILLIAMS	03/08/16	14:20
Cadmium, Dissolved	EPA 200.8, Rev. 5.4	7440-43-9	ug/l	<0.05		0.05	KWILLIAMS	03/08/16	14:20
Copper, Dissolved	EPA 200.8, Rev. 5.4	7440-50-8	ug/l	<0.50		0.50	KWILLIAMS	03/08/16	14:20
Lead, Dissolved	EPA 200.8, Rev. 5.4	7439-92-1	ug/l	<0.10		0.10	KWILLIAMS	03/08/16	14:20
Nickel, Dissolved	EPA 200.8, Rev. 5.4	7440-02-0	ug/l	<0.50		0.50	KWILLIAMS	03/08/16	14:20
Silver, Dissolved	EPA 200.8, Rev. 5.4	7440-22-4	ug/l	<0.20		0.20	KWILLIAMS	03/08/16	14:20
Thallium, Dissolved	EPA 200.8, Rev. 5.4	7440-28-0	ug/l	<0.50		0.50	KWILLIAMS	03/10/16	11:39
Zinc, Dissolved	EPA 200.8, Rev. 5.4	7440-66-6	ug/l	<1.00		1.00	KWILLIAMS	03/08/16	14:20
4,4'-DDD	EPA 608	72-54-8	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41
4,4'-DDE	EPA 608	72-55-9	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41
4,4'-DDT	EPA 608	50-29-3	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41
Aldrin	EPA 608	309-00-2	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41
Alpha-BHC	EPA 608	319-84-6	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41
Beta-BHC	EPA 608	319-85-7	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41
Chlordane	EPA 608	57-74-9	ug/l	<0.20		0.20	MBOGGIO	03/09/16	18:41

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

Print Date: 3/24/2016

Job ID: HRSD_PA-021816-284

Report Serial No.: 2016-659

Sample ID: SR_T_FB-C-030116-1
Sample Date: 3/1/2016
Customer Sample ID: Town of Surry Field Blank
Sample ID: 510737
Sample Sub-Type: FB

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
Dieldrin	EPA 608	60-57-1	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41
Endosulfan I	EPA 608	959-98-8	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41
Endosulfan II	EPA 608	33213-65-9	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41
Endosulfan Sulfate	EPA 608	1031-07-8	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41
Endrin	EPA 608	72-20-8	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41
Endrin Aldehyde	EPA 608	7421-93-4	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41
Gamma-BHC	EPA 608	58-89-9	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41
Heptachlor	EPA 608	76-44-8	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41
Heptachlor Epoxide	EPA 608	1024-57-3	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41
Total Arochlors	EPA 608	1336-36-3	ug/l	<7.00		7.00	MBOGGIO	03/09/16	18:41
Toxaphene	EPA 608	8001-35-2	ug/l	<0.50		0.50	MBOGGIO	03/09/16	18:41
Chlorphyriphos	EPA 622	02921-88-2	ug/l	<0.100		0.100	MBOGGIO	03/09/16	14:23
Demeton, Total	EPA 622	08065-48-3	ug/l	<0.100		0.100	DLO	03/03/16	09:00
Demeton-O	EPA 622	08065-48-3A	ug/l	<0.030		0.030	MBOGGIO	03/09/16	14:23
Demeton-S	EPA 622	08065-48-3B	ug/l	<0.070		0.070	MBOGGIO	03/09/16	14:23
Diazinon	EPA 622	00333-41-5	ug/l	<0.100		0.100	MBOGGIO	03/09/16	14:23
Guthion	EPA 622	00086-50-0	ug/l	<0.100		0.100	MBOGGIO	03/09/16	14:23
1,2,4-Trichlorobenzene	EPA 625	120-82-1	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

Job ID: HRSD_PA-021816-284

Report Serial No.: 2016-659

Sample ID: SR_T_FB-C-030116-1
Sample Date: 3/1/2016
Customer Sample ID: Town of Surry Field Blank
Sample ID: 510737
Sample Sub-Type: FB

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
1,2-Diphenylhydrazine	EPA 625	122-66-7	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
1,2-Diphenylhydrazine is converted to Azobenzene in the extraction process.									
2,4,6-Trichlorophenol	EPA 625	88-06-2	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
2,4-DNT	EPA 625	121-14-2	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
2,4-Dichlorophenol	EPA 625	120-83-2	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
2,4-Dimethylphenol	EPA 625	105-67-9	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
2,4-Dinitrophenol	EPA 625	51-28-5	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
2-Chloronaphthalene	EPA 625	91-58-7	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
4,6-Dinitro-o-Cresol	EPA 625	534-52-1	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Acenaphthene	EPA 625	83-32-9	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Anthracene	EPA 625	120-12-7	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Benzo(a) anthracene	EPA 625	56-55-3	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Benzo(a) pyrene	EPA 625	50-32-8	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Benzo(b) fluoranthene	EPA 625	205-99-2	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Benzo(k) fluoranthene	EPA 625	207-08-9	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Bis(2-chloroethyl) ether	EPA 625	111-44-4	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Bis(2-chloroisopropyl) ether	EPA 625	108-60-1	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Butylbenzylphthalate	EPA 625	85-68-7	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Chrysene	EPA 625	218-01-9	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

Job ID: HRSD_PA-021816-284

Report Serial No.: 2016-659

Sample ID: SR_T_FB-C-030116-1
Sample Date: 3/1/2016
Customer Sample ID: Town of Surry Field Blank
Sample ID: 510737
Sample Sub-Type: FB

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
Di(2-ethylhexyl)phthalate	EPA 625	117-81-7	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Di-n-butyl phthalate	EPA 625	84-74-2	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Dibenzo (ah) anthracene	EPA 625	53-70-3	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Diethyl phthalate	EPA 625	84-66-2	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Dimethyl phthalate	EPA 625	131-11-3	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Fluoranthene	EPA 625	206-44-0	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Fluorene	EPA 625	86-73-7	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Hexachlorobenzene	EPA 625	118-74-1	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Hexachlorobutadiene	EPA 625	87-68-3	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Hexachlorocyclopentadiene	EPA 625	77-47-4	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Hexachloroethane	EPA 625	67-72-1	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Indeno (1,2,3-cd) pyrene	EPA 625	193-39-5	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Isophorone	EPA 625	78-59-1	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Nitrobenzene	EPA 625	98-95-3	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Pentachlorophenol	EPA 625	87-86-5	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Phenol	EPA 625	108-95-2	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Pyrene	EPA 625	129-00-0	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
n-Nitrosodi-n-Propylamine	EPA 625	621-64-7	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
n-Nitrosodimethylamine	EPA 625	62-75-9	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

Print Date: 3/24/2016

CENTRAL ENVIRONMENTAL LABORATORY ANALYTICAL REPORT

VA Laboratory ID 460011

HRSD

Job ID: HRSD_PA-021816-284

Report Serial No.: 2016-659

Sample ID: SR_T_FB-C-030116-1
Sample Date: 3/1/2016
Customer Sample ID: Town of Surry Field Blank
Sample ID: 510737
Sample Sub-Type: FB

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
n-Nitrosodiphenylamine	EPA 625	86-30-6	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
n-Nitrosodiphenylamine is converted to Diphenylamine in the injection port.									
o-Chlorophenol	EPA 625	95-57-8	ug/l	<10.0		10.0	SLOPEZ	03/08/16	20:40
Kepone	EPA 8081B	143-50-0	ug/l	<0.40		0.40	MBOGGIO	03/09/16	13:02
Methoxychlor	EPA 8081B	72-43-5	ug/l	<0.050		0.050	MBOGGIO	03/09/16	18:41
Mirex	EPA 8081B	2385-85-5	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:41

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

Job ID: HRSD_PA-021816-284

Report Serial No.: 2016-659

Sample ID: SR_T_FB-G-030116-1
Sample Date: 3/1/2016
Customer Sample ID: Town of Surry Field Blank
Sample ID: 510736
Sample Sub-Type: FB

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
1,1,2,2-Tetrachloroethane	EPA 624	79-34-5	ug/l	<10.0		10.0	DLO	03/02/16	14:09
1,1,2-Trichloroethane	EPA 624	79-00-5	ug/l	<10.0		10.0	DLO	03/02/16	14:09
1,1-Dichloroethylene	EPA 624	75-35-4	ug/l	<10.0		10.0	DLO	03/02/16	14:09
1,2-Dichlorobenzene	EPA 624	95-50-1	ug/l	<10.0		10.0	DLO	03/02/16	14:09
1,2-Dichloroethane	EPA 624	107-06-2	ug/l	<10.0		10.0	DLO	03/02/16	14:09
1,2-Dichloropropane	EPA 624	78-87-5	ug/l	<10.0		10.0	DLO	03/02/16	14:09
1,3-Dichlorobenzene	EPA 624	541-73-1	ug/l	<10.0		10.0	DLO	03/02/16	14:09
1,3-Dichloropropene (cis+trans)	EPA 624	10061-01-5/10061-02-	ug/l	<20.0		20.0	DLO	03/02/16	14:09
1,4-Dichlorobenzene	EPA 624	106-46-7	ug/l	<10.0		10.0	DLO	03/02/16	14:09
Acrolein	EPA 624	107-02-8	ug/l	<10.0		10.0	DLO	03/02/16	14:09
Acrylonitrile	EPA 624	107-13-1	ug/l	<10.0		10.0	DLO	03/02/16	14:09
Benzene	EPA 624	71-43-2	ug/l	<10.0		10.0	DLO	03/02/16	14:09
Bromodichloromethane	EPA 624	75-27-4	ug/l	<10.0		10.0	DLO	03/02/16	14:09
Bromoform	EPA 624	75-25-2	ug/l	<10.0		10.0	DLO	03/02/16	14:09
Bromomethane	EPA 624	74-83-9	ug/l	<10.0		10.0	DLO	03/02/16	14:09
Carbon Tetrachloride	EPA 624	56-23-5	ug/l	<10.0		10.0	DLO	03/02/16	14:09
Chlorobenzene	EPA 624	108-90-7	ug/l	<10.0		10.0	DLO	03/02/16	14:09
Chlorodibromomethane	EPA 624	124-48-1	ug/l	<10.0		10.0	DLO	03/02/16	14:09
Chloroform	EPA 624	67-66-3	ug/l	<10.0		10.0	DLO	03/02/16	14:09

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

Print Date: 3/24/2016

Job ID: HRSD_PA-021816-284

Report Serial No.: 2016-659

Sample ID: SR_T_FB-G-030116-1
Sample Date: 3/1/2016
Customer Sample ID: Town of Surry Field Blank
Sample ID: 510736
Sample Sub-Type: FB

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
Ethylbenzene	EPA 624	100-41-4	ug/l	<10.0		10.0	DLO	03/02/16	14:09
Methylene Chloride	EPA 624	75-09-2	ug/l	<10.0		10.0	DLO	03/02/16	14:09
Tetrachloroethene	EPA 624	127-18-4	ug/l	<10.0		10.0	DLO	03/02/16	14:09
Toluene	EPA 624	108-88-3	ug/l	<10.0		10.0	DLO	03/02/16	14:09
Trichloroethylene	EPA 624	79-01-6	ug/l	<10.0		10.0	DLO	03/02/16	14:09
Vinyl Chloride	EPA 624	75-01-4	ug/l	<10.0		10.0	DLO	03/02/16	14:09
trans-1,2-Dichloroethene	EPA 624	156-60-5	ug/l	<10.0		10.0	DLO	03/02/16	14:09

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

IA6 - There are no recoveries in the MS/MSD.

Job ID: HRSD_PA-021816-284

Report Serial No.: 2016-659

Sample ID: SR_T_FNE-C-030116-1
Sample Date: 3/1/2016
Customer Sample ID: Town of Surry Final Effluent
Sample ID: 510740
Sample Sub-Type: SAMP

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
Ammonia-N, Distilled	Lachat 10-107-06-1-C	8013-59-0	mg/l	0.62		0.20	CCURRY	03/09/16	11:23
Hardness, Total	SM 2340B-2011	471-34-1	mg eq CaCO3/l	40.6		6.62	BSTAPLES	03/04/16	13:04
Mercury, Dissolved	EPA 245.1	92786-62-4	ug/l	<0.10		0.10	BSTAPLES	03/04/16	09:01
Chromium, Total	EPA 200.8, Rev. 5.4	7440-47-3	ug/l	<1.00		1.00	KWILLIAMS	03/08/16	14:41
Selenium, Total	EPA 200.8, Rev. 5.4	7782-49-2	ug/l	<0.50		0.50	KWILLIAMS	03/10/16	11:50
Antimony, Dissolved	EPA 200.8, Rev. 5.4	7440-36-0	ug/l	<1.00		1.00	KWILLIAMS	03/08/16	14:02
Arsenic, Dissolved	EPA 200.8, Rev. 5.4	7440-38-2	ug/l	<1.00		1.00	KWILLIAMS	03/08/16	14:02
Cadmium, Dissolved	EPA 200.8, Rev. 5.4	7440-43-9	ug/l	<0.05		0.05	KWILLIAMS	03/08/16	14:02
Copper, Dissolved	EPA 200.8, Rev. 5.4	7440-50-8	ug/l	1.92		0.50	KWILLIAMS	03/08/16	14:02
Lead, Dissolved	EPA 200.8, Rev. 5.4	7439-92-1	ug/l	0.26		0.10	KWILLIAMS	03/08/16	14:02
Nickel, Dissolved	EPA 200.8, Rev. 5.4	7440-02-0	ug/l	1.27		0.50	KWILLIAMS	03/08/16	14:02
Silver, Dissolved	EPA 200.8, Rev. 5.4	7440-22-4	ug/l	<0.20		0.20	KWILLIAMS	03/08/16	14:02
Thallium, Dissolved	EPA 200.8, Rev. 5.4	7440-28-0	ug/l	<0.50		0.50	KWILLIAMS	03/10/16	11:23
Zinc, Dissolved	EPA 200.8, Rev. 5.4	7440-66-6	ug/l	12.4		1.00	KWILLIAMS	03/08/16	14:02
4,4'-DDD	EPA 608	72-54-8	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55
4,4'-DDE	EPA 608	72-55-9	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55
4,4'-DDT	EPA 608	50-29-3	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55
Aldrin	EPA 608	309-00-2	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

IA6 - There are no recoveries in the MS/MSD.

CENTRAL ENVIRONMENTAL LABORATORY ANALYTICAL REPORT

VA Laboratory ID 460011

Job ID: HRSD_PA-021816-284

Report Serial No.: 2016-659

Sample ID: SR_T_FNE-C-030116-1
Sample Date: 3/1/2016
Customer Sample ID: Town of Surry Final Effluent
Sample ID: 510740
Sample Sub-Type: SAMP

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
Alpha-BHC	EPA 608	319-84-6	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55
Beta-BHC	EPA 608	319-85-7	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55
Chlordane	EPA 608	57-74-9	ug/l	<0.20		0.20	MBOGGIO	03/09/16	18:55
Dieldrin	EPA 608	60-57-1	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55
Endosulfan I	EPA 608	959-98-8	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55
Endosulfan II	EPA 608	33213-65-9	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55
Endosulfan Sulfate	EPA 608	1031-07-8	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55
Endrin	EPA 608	72-20-8	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55
Endrin Aldehyde	EPA 608	7421-93-4	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55
Gamma-BHC	EPA 608	58-89-9	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55
Heptachlor	EPA 608	76-44-8	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55
Heptachlor Epoxide	EPA 608	1024-57-3	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55
Total Arochlors	EPA 608	1336-36-3	ug/l	<7.00		7.00	MBOGGIO	03/09/16	18:55
Toxaphene	EPA 608	8001-35-2	ug/l	<0.50		0.50	MBOGGIO	03/09/16	18:55
Chlorphyriphos	EPA 622	02921-88-2	ug/l	<0.100		0.100	MBOGGIO	03/09/16	14:37
Demeton, Total	EPA 622	08065-48-3	ug/l	<0.100		0.100	DLO	03/03/16	09:00
Demeton-O	EPA 622	08065-48-3A	ug/l	<0.030		0.030	MBOGGIO	03/09/16	14:37
Demeton-S	EPA 622	08065-48-3B	ug/l	<0.070		0.070	MBOGGIO	03/09/16	14:37

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

IA6 - There are no recoveries in the MS/MSD.

Print Date: 3/24/2016

Job ID: HRSD_PA-021816-284

Report Serial No.: 2016-659

Sample ID: SR_T_FNE-C-030116-1
Sample Date: 3/1/2016
Customer Sample ID: Town of Surry Final Effluent
Sample ID: 510740
Sample Sub-Type: SAMP

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
Diazinon	EPA 622	00333-41-5	ug/l	<0.100		0.100	MBOGGIO	03/09/16	14:37
Guthion	EPA 622	00086-50-0	ug/l	<0.100		0.100	MBOGGIO	03/09/16	14:37
1,2,4-Trichlorobenzene	EPA 625	120-82-1	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
1,2-Diphenylhydrazine	EPA 625	122-66-7	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
1,2-Diphenylhydrazine is converted to Azobenzene in the extraction process.									
2,4,6-Trichlorophenol	EPA 625	88-06-2	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
2,4-DNT	EPA 625	121-14-2	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
2,4-Dichlorophenol	EPA 625	120-83-2	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
2,4-Dimethylphenol	EPA 625	105-67-9	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
2,4-Dinitrophenol	EPA 625	51-28-5	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
2-Chloronaphthalene	EPA 625	91-58-7	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
4,6-Dinitro-o-Cresol	EPA 625	534-52-1	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Acenaphthene	EPA 625	83-32-9	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Anthracene	EPA 625	120-12-7	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Benzo(a) anthracene	EPA 625	56-55-3	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Benzo(a) pyrene	EPA 625	50-32-8	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Benzo(b) fluoranthene	EPA 625	205-99-2	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Benzo(k) fluoranthene	EPA 625	207-08-9	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

IA6 - There are no recoveries in the MS/MSD.

Print Date: 3/24/2016

Job ID: HRSD_PA-021816-284

Report Serial No.: 2016-659

Sample ID: SR_T_FNE-C-030116-1
Sample Date: 3/1/2016
Customer Sample ID: Town of Surry Final Effluent
Sample ID: 510740
Sample Sub-Type: SAMP

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
Bis(2-chloroethyl) ether	EPA 625	111-44-4	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Bis(2-chloroisopropyl) ether	EPA 625	108-60-1	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Butylbenzylphthalate	EPA 625	85-68-7	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Chrysene	EPA 625	218-01-9	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Di(2-ethylhexyl)phthalate	EPA 625	117-81-7	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Di-n-butyl phthalate	EPA 625	84-74-2	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Dibenzo (ah) anthracene	EPA 625	53-70-3	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Diethyl phthalate	EPA 625	84-66-2	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Dimethyl phthalate	EPA 625	131-11-3	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Fluoranthene	EPA 625	206-44-0	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Fluorene	EPA 625	86-73-7	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Hexachlorobenzene	EPA 625	118-74-1	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Hexachlorobutadiene	EPA 625	87-68-3	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Hexachlorocyclopentadiene	EPA 625	77-47-4	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Hexachloroethane	EPA 625	67-72-1	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Indeno (1,2,3-cd) pyrene	EPA 625	193-39-5	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Isophorone	EPA 625	78-59-1	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Nitrobenzene	EPA 625	98-95-3	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

IA6 - There are no recoveries in the MS/MSD.

Print Date: 3/24/2016

CENTRAL ENVIRONMENTAL LABORATORY ANALYTICAL REPORT

VA Laboratory ID 460011

HRSD

Job ID: HRSD_PA-021816-284

Report Serial No.: 2016-659

Sample ID: SR_T_FNE-C-030116-1
Sample Date: 3/1/2016
Customer Sample ID: Town of Surry Final Effluent
Sample ID: 510740
Sample Sub-Type: SAMP

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
Pentachlorophenol	EPA 625	87-86-5	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Phenol	EPA 625	108-95-2	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Pyrene	EPA 625	129-00-0	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
n-Nitrosodi-n-Propylamine	EPA 625	621-64-7	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
n-Nitrosodimethylamine	EPA 625	62-75-9	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
n-Nitrosodiphenylamine	EPA 625	86-30-6	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
n-Nitrosodiphenylamine is converted to Diphenylamine in the injection port.									
o-Chlorophenol	EPA 625	95-57-8	ug/l	<10.0		10.0	SLOPEZ	03/08/16	21:11
Kepone	EPA 8081B	143-50-0	ug/l	<0.40		0.40	MBOGGIO	03/09/16	13:15
Methoxychlor	EPA 8081B	72-43-5	ug/l	<0.050		0.050	MBOGGIO	03/09/16	18:55
Mirex	EPA 8081B	2385-85-5	ug/l	<0.05		0.05	MBOGGIO	03/09/16	18:55
Sulfide	ASTM D4658-09	18496-25-8	mg/l	<0.10		0.10	JCOOK	03/03/16	09:01
Chloride	EPA 300.0 REV 2.1	16887-00-6	mg/l	42.5		4.00	ANROBERTS	03/03/16	18:15

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

Print Date: 3/24/2016

Job ID: HRSD_PA-021816-284

Report Serial No.: 2016-659

Sample ID: SR_T_FNE-G-030116-1
Sample Date: 3/1/2016
Customer Sample ID: Town of Surry Final Effluent
Sample ID: 510739
Sample Sub-Type: SAMP

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
1,1,2,2-Tetrachloroethane	EPA 624	79-34-5	ug/l	<10.0		10.0	DLO	03/02/16	18:26
1,1,2-Trichloroethane	EPA 624	79-00-5	ug/l	<10.0		10.0	DLO	03/02/16	18:26
1,1-Dichloroethylene	EPA 624	75-35-4	ug/l	<10.0		10.0	DLO	03/02/16	18:26
1,2-Dichlorobenzene	EPA 624	95-50-1	ug/l	<10.0		10.0	DLO	03/02/16	18:26
1,2-Dichloroethane	EPA 624	107-06-2	ug/l	<10.0		10.0	DLO	03/02/16	18:26
1,2-Dichloropropane	EPA 624	78-87-5	ug/l	<10.0		10.0	DLO	03/02/16	18:26
1,3-Dichlorobenzene	EPA 624	541-73-1	ug/l	<10.0		10.0	DLO	03/02/16	18:26
1,3-Dichloropropene (cis+trans)	EPA 624	10061-01-5/10061-02-	ug/l	<20.0		20.0	DLO	03/02/16	18:26
1,4-Dichlorobenzene	EPA 624	106-46-7	ug/l	<10.0		10.0	DLO	03/02/16	18:26
Acrolein	EPA 624	107-02-8	ug/l	<50.0		50.0	DLO	03/03/16	16:35
Acrylonitrile	EPA 624	107-13-1	ug/l	<10.0		10.0	DLO	03/02/16	18:26
Benzene	EPA 624	71-43-2	ug/l	<10.0		10.0	DLO	03/02/16	18:26
Bromodichloromethane	EPA 624	75-27-4	ug/l	<10.0		10.0	DLO	03/02/16	18:26
Bromoform	EPA 624	75-25-2	ug/l	<10.0		10.0	DLO	03/02/16	18:26
Bromomethane	EPA 624	74-83-9	ug/l	<10.0		10.0	DLO	03/02/16	18:26
Carbon Tetrachloride	EPA 624	56-23-5	ug/l	<10.0		10.0	DLO	03/02/16	18:26
Chlorobenzene	EPA 624	108-90-7	ug/l	<10.0		10.0	DLO	03/02/16	18:26
Chlorodibromomethane	EPA 624	124-48-1	ug/l	<10.0		10.0	DLO	03/02/16	18:26
Chloroform	EPA 624	67-66-3	ug/l	<10.0		10.0	DLO	03/02/16	18:26

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

Print Date: 3/24/2016

CENTRAL ENVIRONMENTAL
LABORATORY
ANALYTICAL REPORT
VA Laboratory ID 460011

HRSD

Job ID: HRSD_PA-021816-284

Report Serial No.: 2016-659

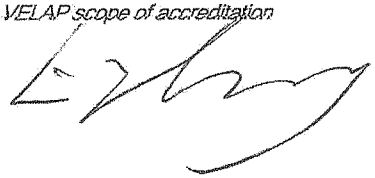
Sample ID: SR_T_FNE-G-030116-1
Sample Date: 3/1/2016
Customer Sample ID: Town of Surry Final Effluent
Sample ID: 510739
Sample Sub-Type: SAMP

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
Ethylbenzene	EPA 624	100-41-4	ug/l	<10.0		10.0	DLO	03/02/16	18:26
Methylene Chloride	EPA 624	75-09-2	ug/l	<10.0		10.0	DLO	03/02/16	18:26
Tetrachloroethene	EPA 624	127-18-4	ug/l	<10.0		10.0	DLO	03/02/16	18:26
Toluene	EPA 624	108-88-3	ug/l	<10.0		10.0	DLO	03/02/16	18:26
Trichloroethylene	EPA 624	79-01-6	ug/l	<10.0		10.0	DLO	03/02/16	18:26
Vinyl Chloride	EPA 624	75-01-4	ug/l	<10.0		10.0	DLO	03/02/16	18:26
trans-1,2-Dichloroethene	EPA 624	156-60-5	ug/l	<10.0		10.0	DLO	03/02/16	18:26
Total Cyanide	Lachat 10-204-00-1X	74-90-8	ug/l	<10		10	ANROBERTS	03/07/16	12:40

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

Authorized By: Li Zhang - Lab Manager



Date Authorized: 3/24/2016

Print Date: 3/24/2016

CENTRAL ENVIRONMENTAL LABORATORY ANALYTICAL REPORT

VA Laboratory ID 460011

Job ID: HRSD_PA-031716-390

Report Serial No.: 2016-628

Sample ID: SR_T_FB-C-031716-1
Sample Date: 3/17/2016
Customer Sample ID: Town of Surry Field Blank
Sample ID: 528187
Sample Sub-Type: FB

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
3,3-Dichlorobenzidine	EPA 625	91-94-1	ug/l	<10.0		10.0	SLOPEZ	03/20/16	20:22
Benzidine	EPA 625	92-87-5	ug/l	<10.0		10.0	SLOPEZ	03/20/16	20:22

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

Print Date: 3/22/2016

CENTRAL ENVIRONMENTAL
LABORATORY
ANALYTICAL REPORT
VA Laboratory ID 460011

HRSD

Job ID: HRSD_PA-031716-390

Report Serial No.: 2016-628

Sample ID: SR_T_FNE-C-031716-1
Sample Date: 3/17/2016
Customer Sample ID: Town of Surry Final Effluent
Sample ID: 528188
Sample Sub-Type: SAMP

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
3,3-Dichlorobenzidine	EPA 625	91-94-1	ug/l	<10.0		10.0	SLOPEZ	03/20/16	23:26
Benzidine	EPA 625	92-87-5	ug/l	<10.0		10.0	SLOPEZ	03/20/16	23:26

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation.*

Authorized By: Li Zhang - Lab Manager

Date Authorized: 3/22/2016

Print Date: 3/22/2016

CENTRAL ENVIRONMENTAL LABORATORY ANALYTICAL REPORT

VA Laboratory ID 460011

Job ID: HRSD_PA-032816-416

Report Serial No.: 2016-720

Sample ID: SR_T_FB-C-032816-1
Sample Date: 3/28/2016
Customer Sample ID: Town of Surry Field Blank
Sample ID: 533641
Sample Sub-Type: FB

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
Nonylphenol	ASTM D7065-06	84852-15-3	ug/l	<10.0		10.0	IGERASIMOV	03/29/16	12:05

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

Print Date: 3/30/2016

CENTRAL ENVIRONMENTAL
LABORATORY
ANALYTICAL REPORT
VA Laboratory ID 460011

HRSD

Job ID: HRSD_PA-032816-416

Report Serial No.: 2016-720

Sample ID: SR_T_FNE-C-032816-1
Sample Date: 3/28/2016
Customer Sample ID: Town of Surry Final Effluent
Sample ID: 533642
Sample Sub-Type: SAMP

Analyte	Method	CAS#	Unit	Result	Flag	LOQ	Analyst	Analysis Date	Analysis Time
Nonylphenol	ASTM D7065-06	84852-15-3	ug/l	<10.0		10.0	IGERASIMOV	03/29/16	13:20

Notes

LOQ is lowest concentration at which quantitation is demonstrated.
**Analyte is not included in the HRSD CEL VELAP scope of accreditation*

Authorized By: Li Zhang - Lab Manager

Date Authorized: 3/30/2016

Print Date: 3/30/2016

REPORT OF ANALYSIS

CLIENT: Hampton Roads Sanitation District
ATTN: Kathy Hobson
ADDRESS: P. O. Box 5911
Virginia Beach, VA 23471-0911
PHONE: (757) 460-4203
FAX: khobson@hrsd.com

Special Notes:
Supplement to Report No.:16-03420 15:00
(Revised Deleted Compounds)

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 2/1/2016 Time: 1210
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 3/2/2016 Time: 1730
NUMBER OF CONTAINERS: 1
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 16-03420 15:25

SAMPLE ID: SR T FB
SAMPLE NO: 16-03420

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Parathion	614	1	< 1	ug/L	JFS	03/09/16	0327
Malathion	614	1	< 1	ug/L	JFS	03/09/16	0327

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

K - Insufficient volume to perform required QC (sample matrix spike).

Authorized By: Elaine Claiborne
Elaine Claiborne, Laboratory Director
Date: 18-Mar-16

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

CLIENT: Hampton Roads Sanitation District
ATTN: Kathy Hobson
ADDRESS: P. O. Box 5911
Virginia Beach, VA 23471-0911
PHONE: (757) 460-4203
FAX: khobson@hrsd.com

Special Notes: Supplement to Report No.:16-03421 15:00
(Revised Deleted Compounds)

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 2/1/2016 Time: 1210
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 3/2/2016 Time: 1730
NUMBER OF CONTAINERS: 2
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 16-03421 15:25

SAMPLE ID: SR T FNE
SAMPLE NO: 16-03421

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Parathion	614	1	< 1	ug/L	JFS	03/09/16	0407
Malathion	614	1	< 1	ug/L	JFS	03/09/16	0407

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

K - Insufficient volume to perform required QC (sample matrix spike).

Authorized By: Elaine Claiborne
Elaine Claiborne, Laboratory Director
Date: 18-Mar-16

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Company Name: HRSD
Company Contact: Li Zhang Telephone: 757.460.4203
Results To: Kathy Hobson Fax: 757.460.6586
Address: PO Box 5911
Virginia Beach, VA 23471-0911
Project ID:

ANALYSES REQUESTED

JRA ID # / 6	Sample Type*	Sample Location		Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.		EPA 614
Bottle I.D												
Preserv.												
03420	Other	SR_T	FB	3/1/2016		12:10				1		1
03421		SR_T	FNE	3/1/2016		12:10				2		2

*WW= Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: _____ Date/Time: _____
Relinquished By: [signature] Date/Time: 3/2/16 1730
Received By: [signature] Date/Time: 3/2/16 @ 1730
Relinquished By: _____ Date/Time: _____
Received By: _____ Date/Time: _____
Relinquished By: _____ Date/Time: _____
Received By: _____ Date/Time: _____

Preservatives:
1 = ≤6°C 6 = $Na_2S_2O_3$ + HCl 10=Ascorbic Acid + HCl
2 = HNO_3 7 = NaOH + ZnOAc 11=HCl
3 = H_2SO_4 8 = H_2SO_4 + FAS 12=Zinc Acetate + NaOH
4 = NaOH 9 = NH_4Cl 13=Na_2SO_3 + HCl
5 = $Na_2S_2O_3$ 14=Na_2SO_3 + H_2SO_4

___for Compliance
___Not for Compliance

VOA Chlorine Check: POS___NEG___ By:_____
Dechlorinated:_____Yes

CN Interference Check: Positive Negative
Sulfide: _____ _____
Oxidizing Agent: _____ _____

Please include a temperature blank container along with samples to be submitted.

Arrival Temp: 1.5 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

Universal Laboratories

20 Research Drive, Hampton, VA 23666
TELEPHONE: (757)865-0880
TOLL FREE: (800)695-2162
FAX: (757)865-8014

REPORT OF ANALYSIS

TO: HRSD Central Environmental Laboratory

Ms. Kathy Hobson
1432 Air Rail Ave
Virginia Beach, VA 23455

Order ID:	1603030
Receive Date:	03/02/2016
Print Date:	3/10/2016
Quote Number:	
PO Number:	
COC Name:	TBT Analysis
Report Date:	March 10, 2016

This report contains the analytical results for the indicated Project and Order. The results contained in this report relate only to the samples identified in this Order. The analytical results meet all requirements of NELAC unless specifically stated. This report shall not be reproduced except in full.

The data in this report has been reviewed and validated by: _____
Signature

Stacie Splinter
Name

Quality Director
Title

SR T FB — Collection Date: 03/01/2016 12:10

Lab ID: 1603030-001

Permit: — Matrix: AQUEOUS

Analysis of Butyltins in Env. Samples	Result	Unit	Analysis Date	Analyst	Qualifier	RL	Cert#
Sample Preservation pH	1	pH Units	3-8-2016 04:16:18 PM	BD			
Holding Time Met	yes	Yes/No	3-8-2016 04:16:18 PM	BD			
Sample Receipt Temperature	2	C	3-8-2016 04:16:18 PM	BD			
Tributyltin	ND	ug/L	3-8-2016 04:16:18 PM	BD		0.03	460036
surrogate Tripentyltin (% Recovery)	114	%	3-8-2016 04:16:18 PM	BD		49.5-150.5	

SR T FNE — Collection Date: 03/01/2016 12:10

Lab ID: 1603030-002

Permit: — Matrix: AQUEOUS

Analysis of Butyltins in Env. Samples	Result	Unit	Analysis Date	Analyst	Qualifier	RL	Cert#
Sample Preservation pH	1	pH Units	3-8-2016 04:44:27 PM	BD			
Holding Time Met	yes	Yes/No	3-8-2016 04:44:27 PM	BD			
Sample Receipt Temperature	2	C	3-8-2016 04:44:27 PM	BD			
Tributyltin	ND	ug/L	3-8-2016 04:44:27 PM	BD		0.03	460036
surrogate Tripentyltin (% Recovery)	100	%	3-8-2016 04:44:27 PM	BD		49.5-150.5	

Analytical Quality Control Results Report

TBT — ***Batch: 030716-001***

LIMS ID	*Test*	*Parameter*	*Result*	*RL*	*Qual*	*Accuracy Control*	*Precision Control*
030716-001-MB-01	Tributyltin - AQ MB	Tributyltin	0 ug/L	0.03			
		surrogate Tripentyltin (% Recovery)	114.6 %			49.5 - 150.5	
030716-001-LCS-01	Tributyltin - AQ LCS	surrogate Tripentyltin (% Recovery)	68 %			49.5 - 150.5	
		Tributyltin (% Recovery)	82 %			69.5 - 130.5	
1603030-002	Tributyltin - AQ DUP	surrogate Tripentyltin (% Recovery)	85 %			49.5 - 150.5	
		Tributyltin (RPD)	0 %				0 - 35.4
	Tributyltin - AQ MS	surrogate Tripentyltin (% Recovery)	90 %			49.5 - 150.5	
		Tributyltin (% Recovery)	107 %			69.5 - 130.5	

Glossary of Terms and Abbreviations

ND	No Analyte Detected
NR	No Results available, analyte not in instrument calibration
RL	(Reporting Limit) The minimum levels, concentrations, or quantities of a target analyte that can be reported within a specified degree of confidence. Generally, this number is equal to or just above the lowest calibration standard run with the analytical batch.
B	Analyte was found in the method blank
D	RPD outside acceptable limits
H	Holding time exceeeded
IS	Internal standard outside acceptable limits
J	Result above calibration curve - results are approximate
L	LCS Outside acceptable limits
MI	Matrix interence
MS	Matrix spike recovery outside acceptable limits
QC	Method QC criteria not met
S	Surrogate outside acceptable limits
V	ICV/CCV/FCV outside acceptable limits
LCS	(Laboratory Control Sample) A sample matrix, free from the analytes of interest, spiked with verified known amounts of analytes or a material containing known and verified amounts of analytes.
MDL	Method Detection Limits is an estimate of the minimum amount of a substance that an analytical process can reliably detect
RPD	(Relative Percent Difference) The difference between a set of duplicates or sample spike duplicates.
MS/MSD	(Matrix Spike or Matrix Spike Duplicate) A sample prepared by adding a known mass of target analyte to a specified amount of matrix sample for which an independent estimate of target analytes concentration is available. Matrix Spikes are used, for example, to determine the effect of the matrix on a method's recovery efficiency.
Calibration Verfication	(Initial, Continuing, or Final) A standard analyzed at different times to verify that the initial calibration curve is still valid.
Holding Time	The maximum time that samples may be held prior to analysis and still be considered valid or not compromised.
Internal Standard	A known amount of standard added to a test portion of a sample as a reference for evaluating and controlling the precision and bias of the applied analytical method.
Method Blank	A sample of a matrix similar to the batch associated samples (when available) that is free from the analytes of interest and is processed simultaneously with and under the same conditions as samples.
Surrogate	A substance with properties that mimic the analyte of interest. It is unlikely to be found in environmental samples and is added to them for quality control purposes in Organics.
EPL	Exceeds Permit Limit. This is a qualifier to denote that the result exceeds the permit limit of the sample location.
Exceeds Benchmark Concentration	Result Exceeds Benchmark concentration listed in the General Permit. Benchmark Concentrations are primarily used to determine the overall effectivenss of the Stormwater pollution prevention plan. Excedence of Benchamrk concentrations does NOT constitute a violation of this permit and does NOT indicate that violation of a water quality standard has occured.

1603030

Page____of____

HRSD CENTRAL ENVIRONMENTAL LABORATORY
1432 AIR RAIL AVENUE
VIRGINIA BEACH, VA 23455
TEL: 757-460-4214 FAX: 757-460-6586

HRSD
Cleaning wastewater every day for a better Bay.

SAMPLE CHAIN OF CUSTODY

(FOR CONTRACT LAB)

LSO/PO #: Visa-call for card number

CONTRACT LAB INFORMATION
Lab Name: Universal
Address: 20 Research Dr.
Hampton VA. 23666

TEL: (757)865-0880 FAX:

PROJECT NAME/CODE: Surry (Town of)

SAMPLE ID	PROJECT CODE	SAMPLE POINT	DATE	TIME	SAMPLED BY	Circle One MATRIX	Circle One SAMPLE TYPE	ANALYSES REQUESTED & NUMBER OF CONTAINERS: TBT							Contract Lab Use Only: PRESV'D CHECKED	Contract Lab Use Only: CONT. COUNT
	SR_T	FB	3/1/2016	12:10	BW	L	C	1								
	SR_T	FNE	3/1/2016	1210	BW	L	C	2								

				Temp. Requirement	Preservatives
Relinquished by / Signature	DAVID G	Date/Time	3/2/16 1655	2°C	
Received by / Signature		Date/Time	3/2/16 1655		
Relinquished by / Signature		Date/Time			
Received by / Signature		Date/Time			

COMMENTS:

Sample Type: C=Composite, G=Grab
Matrix: L= Liquid, S = Solid

CONTRACT LABORATORY INFORMATION

CLIENT	HRSD	
HRSD CONTACT	Li Zhang	PHONE: 757-460-4201
CONTRACT LAB	Universal	
CONTRACT LAB ADDRESS	20 Research Dr, Hampton VA 23666	
CONTRACT LAB CONTACT	Stacie Splinter	PHONE: 757-865-0880
CREDIT CARD		
SAMPLE SHIP DATE		
CONTAINERS PROVIDED BY	HRSD	
REQUIRED TURN AROUND TIME	14 days	

SAMPLE INFORMATION

SAMPLE ID	SAMPLE DATE	ANALYSIS REQUIRED	METHOD CODE	HOLDING TIME	PRESERVATION
SR_T_FNE	3/1/2016	TBT	Unger, et al	6 months	HCL, pH<2
SR_T_FB	3/1/2016	TBT	Unger, et al	6 months	HCL, pH<2

DATA REPORTING

WHOM DATA SHOULD BE REPORTED TO:

Kathy Hobson
1432 Air Rail Ave
Virginia Beach VA 23455
khobson@hrsd.com

FORMAT IN WHICH DATA SHOULD BE REPORTED:

Fax/email and hard copy (Fax/e-mail/etc. along with hard copy)

MAIL INVOICE TO:

Kathy Hobson
1432 Air Rail Ave
Virginia Beach VA 23455

NOTES

Quantitation Limit = 30 ppt
Please provide a Level III QC package with the report.

FOR HRSD USE ONLY

Signed Hardcopy of Report Received _____
Invoice Received _____

REPORT OF ANALYSIS

CLIENT: Town of Surry
ATTN: Robert Finch
ADDRESS: P.O. Box 340
Toano, VA 23168
PHONE: 869-3936
FAX: rpfinch@verizon.net

Special Notes:
Weekly

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 3/10/2016 Time: 1010
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 3/10/2016 Time: 1105
NUMBER OF CONTAINERS: 1
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 16-04020 15:04

SAMPLE ID: FINAL 001
SAMPLE NO: 16-04020

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
E. Coli-Colilert	Colilert	1	12	MPN/100mL	LAW	03/10/16	1620

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

Authorized By: Elaine Claiborne
Elaine Claiborne, Laboratory Director
Date: 14-Mar-16

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Company Name: Town of Surry
Company Contact: Robert Finch Telephone: 757-869-3936
Results To: Robert Finch Fax: 757-566-8030
Address: PO Box 340
Toano, VA 23168
Project ID: **Weekly**

ANALYSES REQUESTED

Bottle I.D	A													
Preserv.	1,5													

JRA ID # 16-	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date HC 10	Grab Time	Total # of cont.	E. Coli (grab)
04020	WW	FINAL 001					3-9-16	1010	1	X

*WW= Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: Date/Time: 3-10-16 1000
Relinquished By: Date/Time: 3-10-16 1105
Received By: Date/Time: 3/10/16 @ 1105
Relinquished By: Date/Time:
Received By: Date/Time:

X for Compliance
___Not for Compliance

Preservatives:
1 = <6°C 6 = $Na_2S_2O_3$ + HCl 10=Ascorbic Acid + HCl
2 = HNO_3 7 = NaOH + ZnOAc 11=HCl
3 = H_2SO_4 8 = H_2SO_4 + FAS 12=Zinc Acetate + NaOH
4 = NaOH 9 = NH_4Cl
5 = $Na_2S_2O_3$

Arrival Temp: 5.8 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606